

FILED
RICHARD W. NAGEL
CLERK OF COURT

2020 FEB 19 PM 1:10

U.S. DISTRICT COURT
SOUTHERN DIST. OHIO
WESTERN DIV. DAYTON

3:20 cv 066

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF OHIO
DIVISION

(M.)
Aladdin Bey

Luna LaTaya Bey

(Enter Above the Name of the Plaintiff in this Action)

Dayton Police Department
J.S. Huber car ^{vs} Badge # (642)

J.W. Howard Badge car # (620)

(Enter above the name of the Defendant in this Action)

THOMAS M. ROSE

MICHAEL J. NEWMAN

If there are additional Defendants, please list them:

(CLAIM) FOR CIVIL CASE
~~COMPLAINT~~

I. Parties to the action:

Plaintiff: Place your name and address on the lines below. The address you give must be the address where the court may contact you and mail documents to you. A telephone number is required.

Aladdin Moroc Bey / Luna LaTaya Bey

Name - Full Name Please - PRINT

% P.O. Box 1542

Street Address

Dayton Territory, Ohio Republic [near 45401]

City, State and Zip Code

(937) 267-0542

Telephone Number

If there are additional Plaintiffs in this suit, a separate piece of paper should be attached immediately behind this page with their full names, addresses and telephone numbers. If there are no other Plaintiffs, continue with this form.

Defendant(s):

Place the name and address of each Defendant you listed in the caption on the first page of this Complaint. This form is invalid unless each Defendant appears with full address for proper service.

1. J.S. Huber Car Badge#(642) Dayton police Department
 Name - Full Name Please
335 w. Third st. Dayton Territory, Ohio republic [near 45402]
 Address: Street, City, State and Zip Code
2. J.W Howard Car Badge#(620) Dayton territory, Ohio republic
335 w. Third st. Dayton Territory, Ohio republic [near 45402]
3. _____
4. _____
5. _____
6. _____

If there are additional Defendants, please list their names and addresses on a separate sheet of paper.

II. Subject Matter Jurisdiction

Check the box or boxes that describes your lawsuit:

- ☐ Title 28 U.S.C. § 1343(3)
 [A civil rights lawsuit alleging that Defendant(s) acting under color of State law, deprived you of a right secured by federal law or the Constitution.]
- ☒ Title 28 U.S.C. § 1331
 [A lawsuit "arising under the Constitution, laws, or treaties of the United States."]
- ☐ Title 28 U.S.C. § 1332(a)(1)
 [A lawsuit between citizens of different states where the matter in controversy exceeds \$75,000.]
- ☐ Title 18 United States Code, Section 2255
 [Other federal status giving the court subject matter jurisdiction.]

EXHIBIT (A) AFFIDAVIT OF FACT
 Exhibit (B) Traffic Crash Report
 Exhibit (C) Invoice Bills
 Exhibit (D) Affidavit of Financial Statement
 Exhibit (E) Order of Protection International Document

cc. International world court
 cc.



Allodial American National
Identification Card
 Substantive Birthrights

Appellation: **Luna LaToya Bey**
 Born Day: 6/20/1995 Natural Person / In Full Life
 National Domicile: North America Race: Human
 Ancestral Estate: North, South, Central, Amexem/Africa/America

Hair: Black
 Eyes: Brown
 Height: 5'0"
 Weight: 150

Mail Location: c/o Post Office Box 1542
 Dayton, Ohio Republic [45401]

Nationality: Moor American
 Autograph: *Luna LaToya Bey*
 All Rights Reserved and Retained

Freehold by Birthright, Primogeniture & Inheritance; Aboriginal Native American;
 Heirs of North America; National People of the Land, Divine Law; United States
 Code of Law - Title 22, Ch. 2, Sec 141; of a General and Permanent Character;
 Not Taxed: AA222141; Constitution - Art.1, Sec.2, Clause 3; Treaties.



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Moorish National Government

C/O P.O. BOX 1542
 Dayton Territory,
 Ohio Republic, Near [45401]

Without Prejudice
1-207/1-308 U.C.C.

Please file, stamp, copy
 and send me one back
 To verify filing



THE MOORISH NATIONAL REPUBLIC
MOORISH DIVINE AND NATIONAL MOVEMENT OF THE WORLD
Aboriginal and Indigenous Natural Peoples of Northwest Amexem / North America

Affidavit of Financial Statement
(Exercise of Constitution – Secured Right)

Date: 2/17/20

Luna LaToya Bey and Aladdin Moroc Bey Authorized Representative, Natural Person, In Propria Persona:

Ex Relations: LYDIA SMITH AND NAVAUGHN GILROY All Rights Reserved:

U.C.C. 1-207/ 1-308; U.C.C. 1-103

Not a Corporate Person or Entity, Misrepresented by Fraudulent Construct of ALL CAPITAL LETTERS

Dayton Territory

C/o P.O. Box 1542

Dayton Territory, Ohio Republic [45401]

Non-Domestic

To:

District Court of Ohio

Office of the Clerk

Federal Building, 200 W 2nd St #712, Dayton, OH 45402

Dayton Territory, Ohio Republic

[45402] USA

Notice of Judges and Officials' Oath – Bound Obligations and Fiduciary Duties

Article VI

"All debts contracted and engagements entered into, before the adoption of this Constitution, shall be as valid against the United States under this Constitution, as under the Confederation. This Constitution, and the laws of the United States which shall be made in pursuance thereof; and all treaties made, or which shall be made, under the authority of the United States, shall be the supreme law of the land; and the judges in every state shall be bound thereby, anything in the Constitution or laws of any State to the contrary notwithstanding. The Senators and Representatives before mentioned, and the members of the several state legislatures, and all executive and judicial officers, both of the United States and of the several states, shall be bound by oath or affirmation, to support this Constitution; but no religious test shall ever be required as a qualification to any office or public trust under the United States."

Article 1, Section X

"All debts shall be payable in gold or silver coin"

Amendment V

"No Person shall be deprived of due process of law"

I affirm, for the Record, that I do not have, or possess, any gold or silver coins, as prescribed by United States Constitution Law, which is the lawful money to pay the restricting demands, conditionally commanded by Employees and Contractors of the Court. The said restrictions (unconstitutional) are arbitrarily (hindering Due Process) and imposed for processing these Documents, as stipulated in the United States Constitution noted above. Therefore, I submit this Writ "In Forma Pauperis", being an enjoyment and exercise of my unconditional and constitutionally - Secured Rights (and not a feudal - fee - burdened privilege) to timely and speedily enforce Due Process of Law, as noted above.

Your demand for a "Financial Statements" is used as an instrument to deny me due process of law and my right to free access to the courts. I introduced evidence in the form of an Affidavit of Fact and marked as Evidence. Someone in the courts tampered with that evidence, which is a Federal Violation, and misrepresented it as a Motion which is discretionary and an assumption that permission must be requested to exercise my Constitutional Rights and an exercise of a right is a Constitutional Right, not a Request and this office knows that. This is a direct violation of my "Secured Constitutional / Treaty Rights which is the Supreme Law of the Land and "Stare Decisis" and a violation of your "Oath of Office". Furthermore as there is no law as prescribed in the United States Constitution stating a "Financial Statement, "Financial Fee (Feudal Law)", or a "Motion" requesting permission must be submitted in order to exercise my Constitutional Rights, your demand is a violation of Amendment IX of the United States Constitution and a violation of your fiduciary duties.

Amendment IX

"The enumeration in the Constitution, of certain rights, shall not be construed to deny or disparage others retained by the people"

Where rights secured by the Constitution are involved, there can be no rule-making or legislation, which would abrogate them. Miranda v. Arizona 384 US 436, 125:

As an Officer(s) of the Court, you and your assigns are bound (or have taken) a solemn Oath (See Article VI) to uphold and Support the Constitution for the United States Republic. Refusal of this 'Affidavit of Financial Statement' is construed to deny me timely 'Due Process' and will be a 'Colorable Act' to violate my secured exercise of a Right. Such an act and imposition is a violation of your Official Oath of office. This can result in additional lawful remedy actions filed against those violating Officers of the Court, Under Title 18 and Title 42, in their official and private capacities. The Law always gives a remedy for the people against color of law actions committed by those who violate their Oaths of Office colluding to abridge the Rights secured for the Natural Beings and the citizens.

I respectfully, with 'Good Faith' and with Honor, by right to unhindered Due - Process, submit this 'Affidavit of Financial Statement' and Evidence.

Thank You,

I Am:

Luna LaToya Bey / Aladdin H. Bey

Luna LaToya Bey //

Aladdin Moroc Bey Authorized Representative

Natural Person, In Propria Persona:

Ex Relatione LYDIA SMITH / NAVAUGHN GILROY

All Rights Reserved:

U.C.C. 1-207/ 1-308; U.C.C. 1-103

Dayton Territory

C/o P.O. BOX 1542

Dayton Territory, Ohio Republic

Near [45401]

Non-Domestic



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MOORISH DIVINE AND NATIONAL MOVEMENT OF THE WORLD
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Thank You,

I Am:

Luna LaToya Bey / Aladdin Moroc Bey

Luna LaToya Bey /

Aladdin Moroc Bey Authorized Representative

Natural Person, In Propria Persona:

Ex Relatione LYDIA SMITH / NAVAUGHN GILROY

All Rights Reserved:

U.C.C. 1-207/ 1-308; U.C.C. 1-103

Dayton Territory

C/o P.O. BOX 1542

Dayton Territory, Ohio Republic

Near [45401]

Non-Domestic



The Moorish National Republic

THE MOORISH DIVINE AND NATIONAL MOVEMENT OF THE WORLD



Appellation: **Aladdin Moroc Bey**
 Born Day: 6/2/1988 Natural Person / In Full Life
 National Domicile: **North America** Race: **Human**
 Ancestral Estate: **North, South, Central, Amexem/Africa/America**

Hair: Black
 Eyes: Brown
 Height: 5'11"
 Weight: 190



Mail Location: **c/o Post Office Box 1542**
Dayton, Ohio Republic [45401]

Nationality: **Moor American**
 Autograph: *Aladdin Moroc Bey*
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Freehold by Birthright, Primogeniture & Inheritance; Aboriginal Native American;
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Aboriginal and Indigenous Natural Peoples of North-West Amexem North America

I, Luna LaToya Bey Ex: Relation LYDIA SMITH & Aladdin Moroc Bey Ex: Relation NAVAUGHN GILROY being duly Affirmed, Standing squarely, Declare and Proclaim, Upon Divine Law; Natures Law, Universal Law, Moorish Birthrights, International Law, and Constitutional Law, Declare and Say:
Actual and Constructive Notice

Order of Protection

International Document

***Notice to Agent is Notice to Principal, Notice to principal is notice to Agent**

To all PUBLIC SERVANTS-TRUSTEES, ACTORS, AGENTS, OFFICERS, MILITARY PERSONNEL I.E. POLICE (OFFICERS), STATE TROOPERS, MARSHALLS, JUDGES, MAGISTRATES, PROSECUTORS, OFFICERS OF THE COURTS ATTORNEYS, CLERKS, ET EAL.

You Are Hereby ordered to cease and desist ANY and ALL unlawful actions perpetrated against any declared Aboriginal Indigenous Moor of Maghrib' al' Aqca as said persons are under the political jurisdiction of Moorish American National. Said violation person(s) shall be named in a suit in the international World Court as a party in violation of the *Original 13th Article*, "upon pain of DEATH and the forfeiture of all the rights and property of persons engaged therein". In addition to other charges inclusive of Treason, Kidnapping, Human Trafficking Misappropriation, Malfesance, Torture, Genocide, Violation of United States Republic Constitution (1791) and Treaty of Peace and Friendship (1786-87 & 1836), etc.



The Moorish National Republic

THE MOORISH DIVINE AND NATIONAL MOVEMENT OF THE WORLD



Hair: Black
Eyes: Brown
Height: 5'11"
Weight: 190



Alloidal American National
Identification Card
Substantive Birthrights

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Mail Location: c/o Post Office Box 1542
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Nationality: Moor American
Autograph: *Aladdin Moroc Bey*
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Aboriginal and Indigenous Natural Peoples of North-West Amexem North America

I, Luna LaToya Bey Ex: Relation LYDIA SMITH & Aladdin Moroc Bey Ex Rel: NAVAUGHN GILROY being duly Affirmed, Standing squarely, Declare and Proclaim, Upon Divine Law; Natures Law, Universal Law, Moorish Birthrights, International Law, and Constitutional Law, Declare and say this is Re:

AFFIDAVIT OF FACT REGARDING CAR COLLISON

CLAIMANT

Injured Party: Luna Latoya Bey ex Rel: LYDIA SMITH

&

Injured party: Aladdin Moroc Bey ex Rel: NAVAUGHN GILLROY

"Alleged" Report Claim No.
"Alleged" Local Report Num
"Alleged" Bond policy number:

Vs.

RESPONDENT

DAYTON POLICE DEPARTMENT OFFICERS

J.S HUBER

J.W HOWARD

M. AMBROSE

Dyan Thomas

Injured Party(S): Luna Bey Ex: Rel LYDIA SMITH

&

Aladdin Bey Ex: Rel NAVAUGHN GILROY

Dear Risk management office/Insurance company/Dayton police dept.
Hello, we are writing this letter under duress disputing this claim as an injured party. As you may know, on September 19, 2019, at approximately 12:30pm we was traveling east on W Third St. in the second lane from the southern curb and was initially stopped in traffic at a red light at S Ludlow St. Witch was also eastbound on W Third St. Aladdin was wearing his seat belt but I Luna was not, but however we was both fully cognizant of surrounding traffic.

Aladdin was the traveler as I was the guest on the left passenger side. When Suddenly, and without Understanding there was a car collision caused by your Insured driver J.S. Huber and J.W. Howard with the Police Department Dispatch; hitting Luna Bey Ex Rel: LYDIA SMITH and Aladdin Bey Ex Rel: NAVAUGHN GILROY from the rear end of the vehicle 1997 all black Audi Causing Aladdin and I to fly forward towards the front dash board of the vehicle in immediate shock and extreme discomfort to both of our bodies and mental health; we are both in actual pain. After we just sat there while trying to gathering our thoughts together on what was the next best move after feeling attacked and being in this Unfortunate situation on are hands. A few minutes later driver J.S. Huber and J.W. Howard with the Police Department Dispatch came to the Left side of the vehicle to ask if we was alright Aladdin immediately told him "NO! WE ARE NOT ALRIGHT" me and my wife are in

severe pain, he then asked what is hurting and we both replied "EVERYTHING". We are both are in actual pain and a lot of discomfort, which caused Depression, anxiety, memory loss, insomnia as well other emotional disorders and physical limitations! I can't even interact with the children on a day to day basis; missing out on important school and events and family gatherings due to this car accident. There is even loss of consortium between me and my spouse... we are highly upset and hate the way life has took a wrong turn for us and my family since the day of 9/19/2019.

We are constantly going to the hospital and physical therapy and looking at other remedies to try to get better in the best way. But things are getting worst for the two of us, causing current and future pain and suffering. The evidence in the police report clearly shows your insured negligence was the direct and proximate cause of Damaged to our family and property and losses to our everyday living.

STATEMENT OF FACTS

As you may know, Dayton police department witnessed the collision. Behind your Insured J.S. Huber. Your Insured J.S. Huber is totally Liable for the Car Collision and carelessness on the road, it is cleared and precise that all witness with the police officers was a part of the investigation. And I, know that the Damages that me and my family have suffered mentally/ physically/ emotionally from the COLLISION has caused us a lot of stress and problems into the family and others trying to help us out, has fall back on your irresponsible Insured J.S Huber.

*See police Report Attached as well. Aladdin and I, have been communicating with Gov. Mike Dewine, Chief Beihl Dayton Police, Morocco Embassy, and the International community to redress my remedies as an injured and aggrieved party. This injury from your irresponsible insured J.S. Huber., J.W. Howard and Dayton police department has been devastating financially, mentally and emotionally damaging. I'm instructing DAYTON POLICE DEPT to provide the BOND POLICY NUMBER of your insurance company and failure to do so it will constitute limited and liability insurance fraud for failure to disclose your insurance policy.

***These damages are pecuniary and punitive in its nature. I'm seeking a speedy recovery and remedies to make me whole.**

***I am seeking to be indemnified from the loss, damage that was incurred by your insured J.S. Huber, J.W. Howard, and Dayton police department.**

These damages are pecuniary and punitive in its nature.

I'm seeking a speedy recovery and remedies to make me whole

***Please contact me back at**

Mailing Location: C/O P.O. BOX 1542

Dayton Territory, Ohio Republic

Near [45401]

Yours truly,

Luna LaToya Bey Ex Rel: LYDIA SMITH &

Aladdin Moroc Bey Ex Rel: NAVAUGHN GILLROY



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY				LOCAL INFORMATION CPOD		LOCAL REPORT NUMBER * 1909190049		
REPORTING AGENCY NAME * DAYTON POLICE DEPARTMENT				NCIC * 05702		HIT/SKIP 1 - SOLVED 2 - UNSOLVED	NUMBER OF UNITS 2	UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN
COUNTY* 57	LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 1	LOCATION: CITY, VILLAGE, TOWNSHIP* Dayton				CRASH DATE / TIME* 09/19/2019 12:36		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY 3
ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 4	LOCATION ROAD NAME Third		ROAD TYPE ST	LATITUDE DECIMAL DEGREES 39.759169		
ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Ludlow		ROAD TYPE ST	LONGITUDE DECIMAL DEGREES -84.193813		
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1		DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SO - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY		
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS				INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 4		
LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP 1				MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN 2		DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (< 4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥ 4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER / UNKNOWN
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/ CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		CONTOUR 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER / UNKNOWN 1		CONDITIONS 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER / UNKNOWN 1
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN 1		WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN 1						SURFACE 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN 2
NARRATIVE At about 1236 hours on 9-19-19, Unit #1 was traveling east on W Third St in the second lane from the southern curb and was initially stopped in traffic at S Ludlow St. The driver of Unit #1 let his foot off the brake, traveling east at about 1mph and bumped into the rear of Unit #2, which was also eastbound on W Third St in the second lane from the southern curb and was stopped in traffic. Brake lights on Unit #2 were working properly at the time of the crash.								
CRASH REPORTED DATE / TIME 09/19/2019 12:36		DISPATCH DATE / TIME 09/19/2019 12:36		ARRIVAL DATE / TIME 09/19/2019 12:36		SCENE CLEARED DATE / TIME 09/19/2019 13:15		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES 39	OFFICER'S NAME* THOMAS, DYAN		CHECKED BY OFFICER'S NAME* SMILEY, SHAWN		SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)	
			OFFICER'S BADGE NUMBER* 25245		CHECKED BY OFFICER'S BADGE NUMBER* 25045			



OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE () SAME AS DRIVER		OWNER PHONE: INCLUDE AREA CODE () SAME AS DRIVER		
	2	SMITH, LYDIA, L				
VEHICLE	OWNER ADDRESS: STREET, CITY, STATE, ZIP () SAME AS DRIVER					
	1509 S SMITHVILLE RD, DAYTON, OH, 45410					
EVENTS	COMMERCIAL CARRIER: NAME ADDRESS CITY STATE ZIP			COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		
VEHICLE	LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE	
	OH	HRH7603	WAUEA88D4VA083164	1997	AUDI	
	<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL	
		NONE		BLK	A3	
	TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME		
	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE			
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	# OCCUPANTS	HAZARDOUS MATERIAL CLASS # PLACARD ID #		
			2			
	1 - PASSENGER CAR		6 - VAN (9-15 SEATS)	12 - GOLF CART	18 - LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN/SKATER
	2 - PASSENGER VAN (MINIVAN)		7 - MOTORCYCLE 2-WHEELED	13 - SNOWMOBILE	19 - BUS (16+ PASSENGERS)	24 - WHEELCHAIR (ANY TYPE)
3 - SPORT UTILITY VEHICLE		8 - MOTORCYCLE 3-WHEELED	14 - SINGLE UNIT TRUCK	20 - OTHER VEHICLE	25 - OTHER NON-MOTORIST	
4 - PICK UP		9 - AUTOCYCLE	15 - SEMI-TRACTOR	21 - HEAVY EQUIPMENT	26 - BICYCLE	
5 - CARGO VAN		10 - MOPED OR MOTORIZED BICYCLE	16 - FARM EQUIPMENT	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	27 - TRAIN	
6 - VAN (9-15 SEATS)		11 - ALL TERRAIN VEHICLE (ATV/UTV)	17 - MOTORHOME	99 - UNKNOWN OR HIT/SKIP		
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2 - PASSENGER VAN (MINIVAN)						

BILLED TO:

Dayton Police Department /
Insurance Company
335 W Third St.
Dayton Ohio 45402

Invoice

INVOICE NUMBER
00001

DATE OF ISSUE
10/21/2019

DESCRIPTION	UNIT COST	QTY/HR RATE	AMOUNT
Medical bills	\$30,000	1	30,000
Lawyer fees/copies	\$5000	1	\$0
Car repairs	\$1,000	1	\$0
Medicine	\$200	1	\$0
chiropractor	\$200	1	\$0
Transportation/gas	\$2250	1	\$0
	\$0	1	\$0

SUBTOTAL \$38,650

DISCOUNT \$0

(TAX RATE) 0%

TAX \$0

INVOICE TOTAL 38,650

This Bill Is NOT INCLUDING PAIN AND SUFFERING!!!!!!!

PLEASE RESPOND WITHIN 10 BUISINESS DAYS REGARDING INSURANCE COMPANY
AND BOND POLICY NUMBER,SO THIS SETTLEMENT CAN HAVE A SPEEDY RELIEF

PAY TO THE ORDER OF Luna LaToya Bey \$ 19,325 federal reserve notes
PAY TO THE ORDER OF Aladdin Moroc Bey \$ 19,325 federal reserve notes

BILLED TO:

Dayton Police Department /
Insurance Company
335 W Third St.
Dayton Ohio 45402

Invoice

INVOICE NUMBER
00001

DATE OF ISSUE
10/21/2019

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SUBTOTAL \$38,650

DISCOUNT \$0

(TAX RATE) 0%

TAX \$0

INVOICE TOTAL 38,650

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PAY TO THE ORDER OF Luna LaToya Bey \$ 19,325 federal reserve notes

PAY TO THE ORDER OF Aladdin Moroc Bey \$ 19,325 federal reserve notes

FULL AND COMPLETE RELEASE OF ALL CLAIMS ON CONDITIONS

FOR AND IN CONSIDERATION OF THE SUM OF thirty-eight thousand and six-hundred and fifty dollars and zero cents.38,650.00)payable to Luna LaToya Bey and Aladdin Moroc Bey/Injured party...I Luna and Aladdin Bey is willing to discharge all claims only on conditions of settlement be met dollar for dollar. I am willing to release ,acquit ,hold harmless and forever discharge Your insurance company and your insured Dayton Police Dept. and agents respective agents,employees,partnerships,entities,corporations,liens,incident that occurred on sept.19.,2019re: car collision with your insured, on the conditions that my offer be met swiftly and settlement be done upon receipt of this document.

IT IS FURTHER AGREED AND UNDERSTOOD:

That this release is an instrument to settlement an undisputable claim and once settle for value(\$38,650.00) there would be no liability or responsibility on the insurance company or your careless insured driver who crash behind our property.

BY SIGNING THIS RELEASE AFTER SETTLE DOES HEREBY ACKNOWLEDGE AND ATTEST that all parties and We, Luna and Aladdin Bey settle a dispute with honor, respect and integrity

READ AND SIGNED this____ day of____ 2019 at_____

TITLE_____ STATE FARM REPRESENTATIVE_____

Please communicate in a timely manner within 10(ten) days@P.O. Box 1542 Dayton territory,Ohio republic near[45410]



P.O. BOX 932715
CLEVELAND, OH 44193-0015

Patient: Bey, Aladdin M
MRN: <3983751>
Hospital Account Number: 104978137

Admission Date: 09/20/19
Discharge Date: 09/20/19
Print Date: 10/20/19

Dear Aladdin M Bey,

If you have not already done so, please contact Human Arc MIAMI VALLEY HOSPITAL Medicaid Vendor to apply for Medicaid to help in paying this bill. Payment of \$6,532.12 is due now. To take advantage of this free service for assistance applying for Medicaid, please call Human Arc at 1-888-860-3537.

Please feel free to call us with any questions.

Sincerely,

MIAMI VALLEY HOSPITAL

Patient Financial Services



☐ *Please see reverse side for financial assistance information and check this box if returning the completed form.

ADDRESSEE:

01-A 20191021 T002 S 000199

Aladdin M Bey
PO BOX 1542
DAYTON OH 45401-1542

MIAMI VALLEY HOSPITAL
P.O. BOX 932715
CLEVELAND, OH 44193-0015



P.O. BOX 932715
CLEVELAND, OH 44193-0015

Patient: Bey, Luna Latoya
MRN: <3983754>
Hospital Account Number: 104978147

Admission Date: 09/20/19
Discharge Date: 09/20/19
Print Date: 10/20/19

Dear Luna Latoya Bey,

If you have not already done so, please contact Human Arc MIAMI VALLEY HOSPITAL Medicaid Vendor to apply for Medicaid to help in paying this bill. Payment of \$6,532.12 is due now. To take advantage of this free service for assistance applying for Medicaid, please call Human Arc at 1-888-860-3537.

Please feel free to call us with any questions.

Sincerely,

MIAMI VALLEY HOSPITAL

Patient Financial Services

200
1



1 of 1

☐ *Please see reverse side for financial assistance information and check this box if returning the completed form.

ADDRESSEE:

01-A 20191021 T002 S 000200

Luna Latoya Bey
PO BOX 1542
DAYTON OH 45401-1542
|||||

MIAMI VALLEY HOSPITAL
P.O. BOX 932715
CLEVELAND, OH 44193-0015
|||||

Dixie Chiropractic Inc
Dr David F. Heuser, DC
2669 S Dixie Hwy
Dayton OH 45409-1504
(937) 643-0893

October 18, 2019

Aladdin M. Bey
P O Box 1542
Dayton, OH 45401

Patient #: 36328
RE: Aladdin M. Bey

Date	Service Descriptions	Charge	Receipt	Total
10/09/19	9920325 Examination, Detailed (New Pnt.)	105.00		105.00
		\$105.00	\$0.00	\$105.00

Hospital Account: 104978137

Admitting Location:
 MIAMI VALLEY HOSPITAL
 1 WYOMING ST
 DAYTON, OH 45409-2722

Aladdin M Bey
 PO BOX 1542
 DAYTON, OH 45401

This is an itemization of your hospital services for:

Patient: Bey, Aladdin M **Admission Date:** 09/20/19
Hospital Account: 104978137 **Discharge Date:** 09/20/19
Patient Type: Emergency **MRN:** 219-81-05-85

Visit Coverages:

Comm Ins - Accident Liability/med Pay/auto

Financial Class:

Commercial

Charges

Date	Rev Code	Procedure Code	Description	Qty	Amount
09/20/19	0351	350002	CT HEAD W/O CONTRAST	1	884.03
09/20/19	0352	350020	CT CERVICAL W/O CONTRAST	1	884.03
09/20/19	0352	350023	CT THORACIC W/O CONTRAST	1	884.03
09/20/19	0352	350026	CT LUMBAR W/O CONTRAST	1	884.03
09/20/19	0459	450003	HS LEVEL 4	1	2,996.00

Total charges: 6,532.12

Total payments and adjustments:

Current Hospital Account Balance: 6,532.12



P.O. BOX 932715
CLEVELAND, OH 44193-0015

Patient: Bey, Luna Latoya
MRN: <3983754>
Hospital Account Number: 104978147

Admission Date: 09/20/19
Discharge Date: 09/20/19
Print Date: 10/20/19

Dear Luna Latoya Bey,

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Please feel free to call us with any questions.

Sincerely,

MIAMI VALLEY HOSPITAL

Patient Financial Services

200
1



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ADDRESSEE:

01-A 20191021 T002 S 000200

Luna Latoya Bey
PO BOX 1542
DAYTON OH 45401-1542



MIAMI VALLEY HOSPITAL
P.O. BOX 932715
CLEVELAND, OH 44193-0015



0003 005199

P.O. BOX 932715
CLEVELAND, OH 44193-0015

Patient: Bey, Aladdin M
MRN: <3983751>
Hospital Account Number: 104978137

Admission Date: 09/20/19
Discharge Date: 09/20/19
Print Date: 10/20/19

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Please feel free to call us with any questions.

Sincerely,

MIAMI VALLEY HOSPITAL

Patient Financial Services

199
1



P.O. BOX 932715
CLEVELAND, OH 44193-0015

☐ *Please see reverse side for financial assistance information
and check this box if returning the completed form.

ADDRESSEE:

01-A 20191021 T002 S 000199

Aladdin M Bey
PO BOX 1542
DAYTON OH 45401-1542



MIAMI VALLEY HOSPITAL
P.O. BOX 932715
CLEVELAND, OH 44193-0015



002500 5000



P.O. BOX 932715
CLEVELAND, OH 44193-0015

Patient: Bey, Aladdin M
MRN: <3983751>
Hospital Account Number: 104978137

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MIAMI VALLEY HOSPITAL

Patient Financial Services

199
1



P.O. BOX 932715
CLEVELAND, OH 44193-0015

☐ *Please see reverse side for financial assistance information and check this box if returning the completed form.

ADDRESSEE:

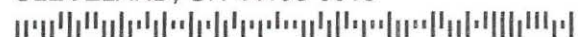
01-A 20191021 T002 S 000199



Aladdin M Bey
PO BOX 1542
DAYTON OH 45401-1542



MIAMI VALLEY HOSPITAL
P.O. BOX 932715
CLEVELAND, OH 44193-0015



Hospital Account: 104978137

Admitting Location:
 MIAMI VALLEY HOSPITAL
 1 WYOMING ST
 DAYTON, OH 45409-2722

Aladdin M Bey
 PO BOX 1542
 DAYTON, OH 45401

This is an itemization of your hospital services for:

Patient: Bey, Aladdin M **Admission Date:** 09/20/19

Hospital Account: 104978137 **Discharge Date:** 09/20/19

Patient Type: Emergency **MRN:** 219-81-05-85

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Financial Class:

Commercial

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Total charges: 6,532.12

Total payments and adjustments:

Current Hospital Account Balance: 6,532.12

Dixie Chiropractic Inc
Dr David F. Heuser, DC
2669 S Dixie Hwy
Dayton OH 45409-1504
(937) 643-0893

October 18, 2019

Aladdin M. Bey
P O Box 1542
Dayton, OH 45401

Patient #: 36328
RE: Aladdin M. Bey

Date	Service Descriptions	Charge	Receipt	Total
10/09/19	9920325 Examination, Detailed (New Pnt.)	105.00		105.00
		\$105.00	\$0.00	\$105.00

BILLED TO:

Dayton Police Department /
Insurance Company
335 W Third St.
Dayton Ohio 45402

Invoice

INVOICE NUMBER
00001

DATE OF ISSUE
10/21/2019

DESCRIPTION	UNIT COST	QTY/HR RATE	AMOUNT
Medical bills	\$30,000	1	30,000
Lawyer fees/copies	\$5000	1	\$0
Car repairs	\$1,000	1	\$0
Medicine	\$200	1	\$0
chiropractor	\$200	1	\$0
Transportation/gas	\$2250	1	\$0
	\$0	1	\$0

SUBTOTAL \$38,650

DISCOUNT \$0

(TAX RATE) 0%

TAX \$0

INVOICE TOTAL 38,650

This Bill Is NOT INCLUDING PAIN AND SUFFERING!!!!!!!

PLEASE RESPOND WITHIN 10 BUISINESS DAYS REGARDING INSURANCE COMPANY
AND BOND POLICY NUMBER,SO THIS SETTLEMENT CAN HAVE A SPEEDY RELIEF

PAY TO THE ORDER OF Luna LaToya Bey \$ 19,325 federal reserve notes
PAY TO THE ORDER OF Aladdin Moroc Bey \$ 19,325 federal reserve notes

Hospital Account: 105019117

Admitting Location:
 MIAMI VALLEY HOSPITAL
 1 WYOMING ST
 DAYTON, OH 45409-2722

Aladdin M Bey
 PO BOX 1542
 DAYTON, OH 45401

This is an itemization of your hospital services for:

Patient: Bey, Aladdin M **Admission Date:** 10/11/19

Hospital Account: 105019117 **Discharge Date:** 10/11/19

Patient Type: Emergency **MRN:** 219-81-05-85

Visit Coverages:

Financial Class:
 Self-Pay

Charges

Date	Rev Code	Procedure Code	Description	Qty	Amount
10/11/19	0250	637000	METHOCARBAMOL 500 MG TABLET (76385-123-01)	2	0.43
10/11/19	0250	637000	NAPROXEN 500 MG TABLET (60687-268-11)	1	0.50
10/11/19	0320	320516	SHOULDER COMPLETE MIN 2 VIEWS RT	1	478.42
10/11/19	0459	450002	HS LEVEL 3	1	1,460.55
Total charges:					1,939.90

Total payments and adjustments:

Current Hospital Account Balance: 1,939.90

Hospital Account: 104978137

Admitting Location:
 MIAMI VALLEY HOSPITAL
 1 WYOMING ST
 DAYTON, OH 45409-2722

Aladdin M Bey
 PO BOX 1542
 DAYTON, OH 45401

This is an itemization of your hospital services for:

Patient: Bey, Aladdin M **Admission Date:** 09/20/19

Hospital Account: 104978137 **Discharge Date:** 09/20/19

Patient Type: Emergency **MRN:** 219-81-05-85

Visit Coverages:

Comm Ins - Accident Liability/med Pay/auto

Financial Class:

Commercial

Charges

Date	Rev Code	Procedure Code	Description	Qty	Amount
09/20/19	0351	350002	CT HEAD W/O CONTRAST	1	884.03
09/20/19	0352	350020	CT CERVICAL W/O CONTRAST	1	884.03
09/20/19	0352	350023	CT THORACIC W/O CONTRAST	1	884.03
09/20/19	0352	350026	CT LUMBAR W/O CONTRAST	1	884.03
09/20/19	0459	450003	HS LEVEL 4	1	2,996.00

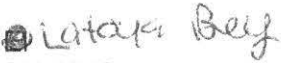
Total charges: 6,532.12

Total payments and adjustments:

Current Hospital Account Balance: 6,532.12

Hospital Account: 104978147

Admitting Location:
MIAMI VALLEY HOSPITAL
1 WYOMING ST
DAYTON, OH 45409-2722

Luna 
PO BOX 1542
DAYTON, OH 45401

This is an itemization of your hospital services for:

Patient: Bey, Luna Latoya **Admission Date:** 09/20/19
Hospital Account: 104978147 **Discharge Date:** 09/20/19
Patient Type: Emergency **MRN:** 219-81-05-89

Visit Coverages:

Comm Ins - Accident Liability/med Pay/auto

Financial Class:

Commercial

Charges

Date	Rev Code	Procedure Code	Description	Qty	Amount
09/20/19	0351	350002	CT HEAD W/O CONTRAST	1	884.03
09/20/19	0352	350020	CT CERVICAL W/O CONTRAST	1	884.03
09/20/19	0352	350023	CT THORACIC W/O CONTRAST	1	884.03
09/20/19	0352	350026	CT LUMBAR W/O CONTRAST	1	884.03
09/20/19	0459	450003	HS LEVEL 4	1	2,996.00

Total charges: 6,532.12

Total payments and adjustments:

Current Hospital Account Balance: 6,532.12

Date:



The Moorish National Republic

THE MOORISH DIVINE AND NATIONAL MOVEMENT OF THE WORLD

Aboriginal and Indigenous Natural Peoples of North-West Amexem North America

I, Luna LaToya Bey Ex: Relation LYDIA SMITH & Aladdin Moroc Bey Ex Rel: NAVAUGHN GILROY being duly Affirmed, Standing squarely, Declare and Proclaim, Upon Divine Law; Natures Law, Universal Law, Moorish Birthrights, International Law, and Constitutional Law,

Declare and say this is Re:

Invoice

Bill to Dayton police department

And insurance company bond policy number

Total \$8700 medical bills

See attached statements

PAY TO THE ORDER Luna LaToya Bey \$4350

PAY TO THE ORDER Aladdin Moroc Bey \$4350

Total= \$8700

Pay CASH OR CHECK OR MONEY ORDER WITHIN 5 DAYS

Contact P.O. BOX 1542 Dayton, Ohio Republic near [45401]

Failure to do so DEBT will INCREASE

Date:



The Moorish National Republic

THE MOORISH DIVINE AND NATIONAL MOVEMENT OF THE WORLD

Aboriginal and Indigenous Natural Peoples of North-West Amexem North America

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Pay CASH OR CHECK OR MONEY ORDER WITHIN 5 DAYS

Contact P.O. BOX 1542 Dayton, Ohio Republic near [45401]

Failure to do so DEBT will INCREASE

Dixie Chiropractic

PATIENT DATA SHEET 2019

General Information

First Name Aladdin
 Middle Initial M
 Last Name Bey
 Called Name _____
 Address P.O. Box 1542
 City Danbury Territory
 State Ohio Republic
 Zip Code near 45401
 Home Phone _____
 Work Phone _____
 Alternative Contact Phone _____
 Cell Phone _____
 Email Address _____
 Name & Number of person to contact in an emergency _____

Sex Male Female Moorish American
 Race (circle 1) American Indian Alaska Native Asian Black or African American
 Caucasian Native Hawaiian Other Pacific Islander Declined to State

Ethnicity (circle 1) Hispanic or Latino Not Hispanic or Latino Declined to State Moorish Moroccan

Marital Status Single Married Divorced Separated Other N/A
 Number of Children _____
 Birthdate 06-02-1988
 Social Security N/A

How did you come to our office? Referred by _____
 Location _____ Coupon _____ Sign _____ Telephone Call _____ Newspaper _____ Other _____

Work Status Employed Yes _____ Part Time _____ Full Time _____
 Student Yes ☒ No _____

Place of Employment _____
 Occupation _____
 Job Duties _____
 Address _____
 City, State, Zip _____
 Phone Number _____
 Can we contact you at work? Yes _____ No _____

Spouse's Name _____
 Spouse's Phone _____
 Spouse's Social Security _____
 Spouse's Employer _____
 Employer Phone # _____
 Can we contact their work? Yes _____ No _____

FOR STAFF ONLY:

☐ Copy of picture ID ☐ Copy of insurance cards ☐ Update ledger/comp ☐ Financial/Insurance Arrangements

Insurance Information

Who is responsible for your bill? ☐ Self ☐ Husband/Wife ☐ Employer Insurance ☐ Other Dayton Police Insuren

Condition Information

Related to Employment ☐ Yes ☐ No

Related to Auto Accident ☒ Yes ☐ No

Related to Other Accident ☐ Yes ☐ No

Insured's Information

Are you insured? Yes ___ No ___

Who is the policy holder? Self ___ Spouse ___ Father ___ Mother ___ Other ___

Policy Holder's Information

Name of Employer _____

First Name _____

Middle Initial _____

Last Name _____

Address _____

City, State, Zip _____

Phone Number _____

Social Security _____

Date of Birth _____

Sex ☐ Male ☐ Female

Carrier Information

Plan Name _____

Insurance ID _____

Group No. _____

Benefits: Primary ___ Secondary ___ Other ___

Coverage Effective Date _____

Phone _____

Do you have a second or third Insurance Policy?**Carrier Information—Company 2**

Who is the policy holder? Self ___ Spouse ___ Father ___ Mother ___ Other ___

Policy Holder's Information

Name of Employer _____

First Name _____

Middle Initial _____

Last Name _____

Address _____

City, State, Zip _____

Phone Number _____

Social Security _____

Date of Birth _____

Sex ☐ Male ☐ Female

Carrier Information

Plan Name _____

Insurance ID _____

Group No. _____

Benefits: Primary ___ Secondary ___ Other ___

Coverage Effective Date _____

Phone _____

Carrier Information—Company 3

Who is the policy holder? Self ___ Spouse ___ Father ___ Mother ___ Other ___

Policy Holder's Information

Name of Employer _____

First Name _____

Middle Initial _____

Last Name _____

Address _____

City, State, Zip _____

Phone Number _____

Social Security _____

Carrier Information

Plan Name _____

Insurance ID _____

Group No. _____

Benefits: Primary ___ Secondary ___ Other ___

Coverage Effective Date _____

Phone _____

Patient Intake Form

Name: Aladdin Maroc Brey

Race (circle only 1)

Human

American Indian

Asian

Black or African American

Native Hawaiian

Declined to State

Alaska Native

White

Other Pacific Islander

Moorish American

Ethnicity (circle only 1)

Declined to State

Not Hispanic or Latino

Hispanic or Latino

Al moroccanHeight 5"Male/FemalePreferred Language EnglishWeight 180

Date: _____

Acct #: _____

Patient O2: R _____ L _____

Patient Pulse R _____ L _____

Patient BMI _____

Patient BP: R _____ L _____

List symptoms you are experiencing today.

Please mark on the line, the level of pain associated with each symptom.

(Do Not use numbers 1-10; just mark on the line where the pain would be.)

NO PAIN

WORST POSSIBLE PAIN

1. Lower Back Pain

1. I _____ I

2. neck pain

2. I _____ I

3. vertebrae pain

3. I _____ I

4. _____

4. I _____ I

5. _____

5. I _____ I

Describe how the condition began It began when I got hit from the Rear of a car collision on the date of 9/19/2019Have you seen any other doctors for this condition? yes Miami ValleyAre your present problems due to an injury? ☒ Yes ☐ No Enter the date of the injury: 9/19/2019Was the injury? ☐ Job Related ☒ Auto Accident ☐ Personal Injury ☐ Other: _____If the result of an injury, has the accident been reported? ☒ Yes ☐ No If so, to whom? ☐ To Employer ☒ Auto Carrier ☐ Other: _____

If the result of an injury, list symptoms experienced immediately after the injury: Please mark on the line, the level of pain.

NO PAIN

WORST POSSIBLE PAIN

1. Swelling in the neck

1. I _____ I

2. extreme Back Pain

2. I _____ I

3. vertebrae pain

3. I _____ I

4. _____

4. I _____ I

5. _____

5. I _____ I

List any tests, studies or medications received for this condition:

☒ Tests/Studies: (MRI, EMG, X-Rays, etc.) MRI, X-RAY☒ Medications: Ibuprofen, Tylenol

Where you admitted to the hospital due to this condition: ☒ Yes ☐ No

If yes, what hospital? Miami Valley Transported by? ☐ Ambulance ☐ Police ☒ Other: _____

Date Admitted: 9-20-19 Date Released: 9-20-19 Length of Stay: 3 hrs

List the hospital procedures received: _____

Do you have any current work restrictions due to this condition?

Off work: ☒ Yes ☐ No ☐ Previously From: _____ To: _____

Light duty: ☐ Yes ☐ No ☐ Previously (If yes, what are/were your restrictions?) _____

What type of work do you do? Law Legal Counsel

Where do you work? Bay Law Office

Is there any other condition you are suffering with that you would hope we could help you with? ☐ Yes ☐ No _____

HABITS

☐ Current Every Day Smoker

☐ Current Some Day Smoker

☒ Former Smoker

☐ Never Smoker

☐ Drinking Alcohol: (Drinks/day): _____

☒ Coffee Cups/Day: 6

☐ Soft Drink Bottles or Cans/Day: _____

☐ Water Cups/Day: 4

EXERCISE

☐ None

☒ Moderate

☐ Daily

FAMILY HISTORY

Diabetes Cancer Back Pain Other

Mother ☐ ☐ ☐ ☐

Father ☐ ☐ ☐ ☐

Sibling(s) ☐ ☐ ☐ ☐

Children Age _____ Condition _____

Age _____ Condition _____

Age _____ Condition _____

Are you taking any medication (prescription or over-the-counter)? ☐ Yes ☒ No

If Yes, please indicate the following:

Medication: _____
 Route: Oral _____
 Intravenous _____
 Other: _____
 Frequency: _____
 Began Use: _____
 Discontinued Use: _____

Medication: _____
 Route: Oral _____
 Intravenous _____
 Other: _____
 Frequency: _____
 Began Use: _____
 Discontinued Use: _____

Medication: _____
 Route: Oral _____
 Intravenous _____
 Other: _____
 Frequency: _____
 Began Use: _____
 Discontinued Use: _____

Medication: _____
 Route: Oral _____
 Intravenous _____
 Other: _____
 Frequency: _____
 Began Use: _____
 Discontinued Use: _____

Have you taken any medications in the past? ☒ Yes ☐ No If yes, which ones?: Tylenol

Do you have allergies to medication? ☐ Yes ☒ No

If Yes, please indicate the following:

Allergy: _____ Allergy: _____
 Reaction: _____ Reaction: _____
 Start Date: _____ Start Date: _____
 End Date: _____ End Date: _____

Allergy: _____ Allergy: _____
 Reaction: _____ Reaction: _____
 Start Date: _____ Start Date: _____
 End Date: _____ End Date: _____

Have you ever had any surgeries? ☐ Yes ☒ No (If yes, please enter the approximate date of surgery.)

DATE	DATE	DATE
_____ Back Operation	_____ Hernia	_____ Gall Bladder
_____ Female Organs	_____ Thyroid	_____ Stomach

Other _____

Have you ever had X-rays taken? ☒ Yes ☐ No When? 9/20/19 By Whom? Migmi Valdez

For what ailments were these X-rays taken? car Accident

Patient Name Aladdin Moroc Bey

Date 10/10/19

This questionnaire will give your provider information about how your back condition affects your everyday life. Please answer every section by marking the one statement that applies to you. If two or more statements in one section apply, please mark the one statement that most closely describes your problem.

Pain Intensity

- ☐ ① The pain comes and goes and is very mild.
- ☐ ① The pain is mild and does not vary much.
- ☐ ② The pain comes and goes and is moderate.
- ☐ ③ The pain is moderate and does not vary much.
- ☒ ④ The pain comes and goes and is very severe.
- ☐ ⑤ The pain is very severe and does not vary much.

Sleeping

- ☐ ① I get no pain in bed.
- ☐ ① I get pain in bed but it does not prevent me from sleeping well.
- ☐ ② Because of pain my normal sleep is reduced by less than 25%.
- ☐ ③ Because of pain my normal sleep is reduced by less than 50%.
- ☐ ④ Because of pain my normal sleep is reduced by less than 75%.
- ☐ ⑤ Pain prevents me from sleeping at all.

Sitting

- ☐ ① I can sit in any chair as long as I like.
- ☒ ② I can only sit in my favorite chair as long as I like.
- ☐ ② Pain prevents me from sitting more than 1 hour.
- ☐ ③ Pain prevents me from sitting more than 1/2 hour.
- ☐ ④ Pain prevents me from sitting more than 10 minutes.
- ☐ ⑤ I avoid sitting because it increases pain immediately.

Standing

- ☐ ① I can stand as long as I want without pain.
- ☐ ① I have some pain while standing but it does not increase with time.
- ☒ ② I cannot stand for longer than 1 hour without increasing pain.
- ☐ ③ I cannot stand for longer than 1/2 hour without increasing pain.
- ☐ ④ I cannot stand for longer than 10 minutes without increasing pain.
- ☐ ⑤ I avoid standing because it increases pain immediately.

Walking

- ☐ ① I have no pain while walking.
- ☐ ① I have some pain while walking but it doesn't increase with distance.
- ☐ ② I cannot walk more than 1 mile without increasing pain.
- ☐ ③ I cannot walk more than 1/2 mile without increasing pain.
- ☐ ④ I cannot walk more than 1/4 mile without increasing pain.
- ☐ ⑤ I cannot walk at all without increasing pain.

Personal Care

- ☐ ① I do not have to change my way of washing or dressing in order to avoid pain.
- ☐ ① I do not normally change my way of washing or dressing even though it causes some pain.
- ☐ ② Washing and dressing increases the pain but I manage not to change my way of doing it.
- ☐ ③ Washing and dressing increases the pain and I find it necessary to change my way of doing it.
- ☐ ④ Because of the pain I am unable to do some washing and dressing without help.
- ☐ ⑤ Because of the pain I am unable to do any washing and dressing without help.

Lifting

- ☐ ① I can lift heavy weights without extra pain.
- ☒ ② I can lift heavy weights but it causes extra pain.
- ☐ ② Pain prevents me from lifting heavy weights off the floor.
- ☐ ③ Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned (e.g., on a table).
- ☐ ④ Pain prevents me from lifting heavy weights off the floor, but I can manage light to medium weights if they are conveniently positioned.
- ☐ ⑤ I can only lift very light weights.

Traveling

- ☐ ① I get no pain while traveling.
- ☒ ② I get some pain while traveling but none of my usual forms of travel make it worse.
- ☐ ② I get extra pain while traveling but it does not cause me to seek alternate forms of travel.
- ☐ ③ I get extra pain while traveling which causes me to seek alternate forms of travel.
- ☐ ④ Pain restricts all forms of travel except that done while lying down.
- ☐ ⑤ Pain restricts all forms of travel.

Social Life

- ☐ ① My social life is normal and gives me no extra pain.
- ☐ ① My social life is normal but increases the degree of pain.
- ☐ ② Pain has no significant effect on my social life apart from limiting my more energetic interests (e.g., dancing, etc).
- ☒ ③ Pain has restricted my social life and I do not go out very often.
- ☐ ④ Pain has restricted my social life to my home.
- ☐ ⑤ I have hardly any social life because of the pain.

Changing degree of pain

- ☐ ① My pain is rapidly getting better.
- ☐ ① My pain fluctuates but overall is definitely getting better.
- ☐ ② My pain seems to be getting better but improvement is slow.
- ☐ ③ My pain is neither getting better or worse.
- ☒ ④ My pain is gradually worsening.
- ☐ ⑤ My pain is rapidly worsening.

Back
Index
Score

--

Patient Name

Aladdin Monor Beep

Date

10/10/19

This questionnaire will give your provider information about how your neck condition affects your everyday life. Please answer every section by marking the one statement that applies to you. If two or more statements in one section apply, please mark the one statement that most closely describes your problem.

Pain Intensity

- ☐ ① I have no pain at the moment.
- ☐ ① The pain is very mild at the moment.
- ☐ ② The pain comes and goes and is moderate.
- ☒ ③ The pain is fairly severe at the moment.
- ☐ ④ The pain is very severe at the moment.
- ☐ ⑤ The pain is the worst imaginable at the moment.

Sleeping

- ☐ ① I have no trouble sleeping.
- ☐ ① My sleep is slightly disturbed (less than 1 hour sleepless).
- ☐ ② My sleep is mildly disturbed (1-2 hours sleepless).
- ☐ ③ My sleep is moderately disturbed (2-3 hours sleepless).
- ☒ ④ My sleep is greatly disturbed (3-5 hours sleepless).
- ☐ ⑤ My sleep is completely disturbed (5-7 hours sleepless).

Reading

- ☐ ① I can read as much as I want with no neck pain.
- ☒ ② I can read as much as I want with slight neck pain.
- ☐ ② I can read as much as I want with moderate neck pain.
- ☐ ③ I cannot read as much as I want because of moderate neck pain.
- ☐ ④ I can hardly read at all because of severe neck pain.
- ☐ ⑤ I cannot read at all because of neck pain.

Concentration

- ☐ ① I can concentrate fully when I want with no difficulty.
- ☒ ② I can concentrate fully when I want with slight difficulty.
- ☐ ② I have a fair degree of difficulty concentrating when I want.
- ☐ ③ I have a lot of difficulty concentrating when I want.
- ☐ ④ I have a great deal of difficulty concentrating when I want.
- ☐ ⑤ I cannot concentrate at all.

Work

- ☐ ① I can do as much work as I want.
- ☐ ① I can only do my usual work but no more.
- ☐ ② I can only do most of my usual work but no more.
- ☒ ③ I cannot do my usual work.
- ☐ ④ I can hardly do any work at all.
- ☐ ⑤ I cannot do any work at all.

Personal Care

- ☐ ① I can look after myself normally without causing extra pain.
- ☒ ② I can look after myself normally but it causes extra pain.
- ☐ ② It is painful to look after myself and I am slow and careful.
- ☐ ③ I need some help but I manage most of my personal care.
- ☐ ④ I need help every day in most aspects of self care.
- ☐ ⑤ I do not get dressed, I wash with difficulty and stay in bed.

Lifting

- ☐ ① I can lift heavy weights without extra pain.
- ☒ ② I can lift heavy weights but it causes extra pain.
- ☐ ② Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned (e.g., on a table).
- ☐ ③ Pain prevents me from lifting heavy weights off the floor, but I can manage light to medium weights if they are conveniently positioned.
- ☐ ④ I can only lift very light weights.
- ☐ ⑤ I cannot lift or carry anything at all.

Driving

- ☐ ① I can drive my car without any neck pain.
- ☒ ② I can drive my car as long as I want with slight neck pain.
- ☐ ② I can drive my car as long as I want with moderate neck pain.
- ☐ ③ I cannot drive my car as long as I want because of moderate neck pain.
- ☐ ④ I can hardly drive at all because of severe neck pain.
- ☐ ⑤ I cannot drive my car at all because of neck pain.

Recreation

- ☐ ① I am able to engage in all my recreation activities without neck pain.
- ☐ ① I am able to engage in all my usual recreation activities with some neck pain.
- ☐ ② I am able to engage in most but not all my usual recreation activities because of neck pain.
- ☐ ③ I am only able to engage in a few of my usual recreation activities because of neck pain.
- ☒ ④ I can hardly do any recreation activities because of neck pain.
- ☐ ⑤ I cannot do any recreation activities at all.

Headaches

- ☐ ① I have no headaches at all.
- ☐ ① I have slight headaches which come infrequently.
- ☐ ② I have moderate headaches which come infrequently.
- ☐ ③ I have moderate headaches which come frequently.
- ☒ ④ I have severe headaches which come frequently.
- ☐ ⑤ I have headaches almost all the time.

 Neck
Index
Score

OPERATIONS AND PROCEDURES

Please circle the item for each current symptom, and check the box for past symptoms.

EYE/EAR

GENERAL SYMPTOMS

GASTRO-INTESTINAL

NOSE/THROAT

RESPIRATORY

☐ Allergy (To What)☐ Belching or Gas☐ Asthma☒ Chest Pain☐ Bronchitis☐ Colon Trouble☐ Deafness☐ Chronic Cough☐ Chills (Constant)☐ Constipation☐ Earache☐ Difficulty Breathing☐ Convulsions☐ Diarrhea☐ Ear Discharge☐ Spitting Blood☐ Dizziness☐ Gall Bladder Trouble☐ Ear Noises☐ Spitting Phlegm☐ Fainting☐ Hemorrhoids (piles)☐ Thyroid Problems☐ Fatigue☐ Jaundice☐ Frequent Colds

GENITO-URINARY

☐ Headache☐ Liver Trouble☐ Hay Fever☐ Bed Wetting☒ Loss of Sleep☐ Nausea☐ Nasal Obstruction☐ Blood in Urine☐ Loss of Weight☐ Stomach Pain☐ Nose Bleeds☐ Frequent Urination☐ Nervousness☐ Vomiting☐ Pain in Eyes☐ Inability to Control
Urine☒ Night Sweats☐ Vomiting Blood☐ Poor Vision☐ Kidney Infection☒ Numbness or Pain
in arms/legs/hands☐ Heart Burn☐ Blurred Vision☐ Kidney Stones☐ Wheezing☐ Bloody Stools☐ Sinusitis☐ Painful Urination☐ Acid Reflux☐ Sore Throats☐ Prostate Trouble☐ Irritable Bowel☐ Tonsillitis

MUSCLES & JOINTS

CARDIO-VASCULAR

SKIN OR ALLERGIES

FOR FEMALES ONLY

☒ Backache☐ High Blood Pressure☐ Bruising Easily☐ Cramps☐ Foot Trouble☐ Low Blood Pressure☐ Dryness☐ Hot Flashes☐ Hernia☒ Chest Pain☐ Eczema☐ Irregular Cycle☒ Pain Between☐ Heart Trouble☐ Hives or Allergy☐ Painful Periods

Shoulders

☐ Poor Circulation☐ Itching☐ Vaginal Discharge☒ Painful Tail Bone☐ Rapid Heart☐ Sensitive Skin☐ Pregnant Now?☒ Stiff Neck☐ Slow Heart☐ Skin Eruptions

_____ Last Pap Date

☒ Spinal Curvature☐ Strokes

_____ Last Menstrual Cycle

☐ Swollen Joints☐ Swelling Ankles☐ Tremors☐ Varicose Veins

Date of Birth

Sex

Male Female

Do you have, or have you had any of the following diseases?

- | | | | | | |
|---------------------------------------|--------------------------------------|--|------------------------------------|---|--|
| <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Anemia | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Measles |
| <input type="checkbox"/> Goiter | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Mumps | <input type="checkbox"/> Influenza | <input type="checkbox"/> Mental Disorder |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Pleurisy | <input type="checkbox"/> Lumbago | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Eczema | <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Cancer | <input type="checkbox"/> Venereal Disease | <input type="checkbox"/> HIV Positive |

AUTHORIZATION/CONSENT TO TREATMENT

I hereby give permission to Dixie Chiropractic, Inc. to release information requested by my insurance company/attorney acquired in the course of my examination and treatments. It is understood and agreed the imaging is for examination only and the negatives will remain the property of this office, being on file where they may be viewed.

I hereby authorize and direct my insurance company/attorney to pay my benefits directly to Dixie Chiropractic, Inc. I understand I am financially responsible for non-covered services.

I hereby give my permission to the doctors and staff of Dixie Chiropractic, Inc. to administer and perform such general procedures as they deem necessary in the diagnosis and/or treatment of my condition.

By signing my name below, I understand and agree to the above statements.

Print patient's name

Aladdin Moroc Bey

Signature

Aladdin Moroc Bey

Date

10/10/19

Witness

Laura Lataya Bey

Date

10/10/19

DIXIE CHIROPRACTIC OFFICE
2069 S. Dixie Hwy.
Dayton, OH 45409
937 643-0893
Fax 937 643-0892

Consent to use PHI

Acknowledgement for Consent to Use and Disclosure of Protected Health Information

Use and Disclosure of your Protected Health Information

Your Protected Health Information will be used by Dixie Chiropractic or may be disclosed to others for the purposes of treatment, obtaining payment, or supporting the day-to-day health care operations of this office.

Notice of Privacy Practices

You should review the Notice of Privacy Practices for a more complete description of how your Protected Health Information may be used or disclosed. It describes your rights as they concern the limited use of health information, including your demographic information, collected from you and created or received by this office. I have received a copy of the Notice of Patient Privacy Policy. A.B Patient Initials

Requesting a Restriction on the Use or Disclosure of Your Information

- You may request a restriction on the use or disclosure of your Protected Health Information.
- This office may or may not agree to restrict the use or disclosure of your Protected Health Information.
- If we agree to your request, the restriction will be binding with this office. Use or disclosure of protected information in violation of an agreed upon restriction will be a violation of the federal privacy standards.

Notice of Treatment in Open or Common Areas

While most treatment with the Dr. is conducted in private treatment rooms, some therapeutic rehabilitation and treatment is performed in open areas. Private treatment areas are available upon request.

Revocation of Consent

You may revoke this consent to the use and disclosure of your Protected Health Information. You must revoke this consent in writing. Any use or disclosure that has already occurred prior to the date on which your revocation of consent is received will not be affected.

By my signature below I give my permission to use and disclose my health information.

Aladdin Moroc Bey
Patient or Legally Authorized Individual Signature

10/10/19
Date

Aladdin Moroc Bey
Print Patient's Full Name

2:40
Time

Luna Latoya Bey-3080cc
Witness Signature

10/10/19
Date

Informed Consent to Chiropractic Treatment

The nature of chiropractic treatment: The doctor will use his/her hands or a mechanical device in order to move your joints. You may feel a "click" or "pop", such as the noise when a knuckle is "cracked", and you may feel movement of the joint. Various ancillary procedures, such as hot or cold packs, electrical muscle stimulation, therapeutic ultrasound or dry hydrotherapy may also be used.

Possible Risks: As with any health care procedure, complications are possible following a chiropractic manipulation. Complications could include fractures of bone, muscular strain, ligamentous sprain, dislocation of joints, or injury to intervertebral discs, nerves or spinal cord. Cerebrovascular injury or stroke could occur upon severe injury to arteries of the neck. A minority of patients may notice stiffness or soreness after the first few days of treatment. The ancillary procedures could produce skin irritation, burns or minor complications.

Probability of risks occurring: The risks of complications due to chiropractic treatment have been described as "rare", about as often as complications are seen from the taking of a single aspirin tablet. The risk of cerebrovascular injury or stroke, has been estimated at one in one million to one in twenty million, and can be even further reduced by screening procedures. The probability of adverse reaction due to ancillary procedures is also considered "rare".

Other treatment options which could be considered may include the following:

***Over-the-counter analgesics.** The risks of these medications include irritation to stomach, liver, and kidneys, and other side effects in a significant number of cases.

***Medical care,** typically anti-inflammatory drugs, tranquilizers, and analgesics. Risks of these drugs include a multitude of undesirable side effects and patient dependence in a significant number of cases.

***Hospitalization** in conjunction with medical care adds risk of exposure to virulent communicable disease in a significant number of cases.

***Surgery** in conjunction with medical care adds the risks of adverse reaction to anesthesia, as well as an extended convalescent period in a significant number of cases.

Risks of remaining untreated: Delay of treatment allows formation of adhesions, scar tissue and other degenerative changes. These changes can further reduce skeletal mobility, and induce chronic pain cycles. It is quite probable that delay of treatment will complicate the condition and make future rehabilitation more difficult. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you may give or withhold your consent to treatment.

I have read or have had read to me the explanation above of chiropractic treatment. I have had the opportunity to have any questions answered to my satisfaction. I have fully evaluated the risks and benefits of undergoing treatment. I have freely decided to undergo the recommended treatment and hereby give my full consent to treatment. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I may seek treatment.

UCC-1-308
Aladdin Morad Bey
Patient Name

UCC-1-308
Aladdin Morad Bey 10/10/19
Signature Date

Luna Sataya Bey
Witness Name

Luna Sataya Bey 10/10/19
Signature Date

10-9-19

Mr. Bey is in our office today with symptoms of headache intermittent in nature secondary to motor vehicle accident 3 weeks ago. Also associated pain in the right shoulder, the neck and the low back. Denies numbness tingling hands arms legs feet. Went to the ER had imaging studies done given a prescription for a pain medication did not help doesn't continue to take it. No other doctors seen.

Physical examination shows a person with a reverse Trendelenburg. He has pain single leg stance on the left and pain right shoulder anteflexion. Elbow and shoulder flexion is painful on the right he's weak internal/external rotation of the right shoulder passive abduction is mildly restricted on the right side, has marked palpable soreness right anterior supraclavicular nerve as well as Erb's point. He has pain right lateral bending right rotation and extension of the neck. Finger tap is slow on the right terminal tremor finger-nose-finger on the right slowing right hand rapid alternating movements. He has a soreness to percussion T4-5-6 L5. We will send for his imaging studies, we will test his balance, he declines to have his video done for gait assessment.

10-9-19

Luna Bey is in our office today. She comes in with symptoms of headache neck pain and back pain arm and shoulder pain. Numbness and tingling hands arms and feet. She reports the symptoms were acute in onset about 3 weeks ago following a rear impact motor vehicle accident when damage was done to her car. She was seen immediately at the emergency room she had imaging studies done she was released told she had a soft tissue injury given some medications. Medications did not make a significant difference.

If anything she getting worse. The headaches do go away for a time but they always come back and she's having a hard time sleeping she has to constantly change positions between sitting and standing lying down.

Physical examination shows a person with a very unstable gait but she declines to allow video of that for a detailed assessment. She does have pain on the swing and stance phase right leg. Single leg stance is painful on the right uncomfortable on the left but not as much. She has some increased tone throughout that right leg she has decreased vibratory sensation throughout the right side. Her deep tendon reflexes are very brisk on the right side they spread to the ankle spreads up into the knee and the hip. Toes are downgoing. Faberes test is positive right, arm fossa test is equivocal she has exquisite sensitivity lumbar junction right sacroiliac joint some sensitivity on the left she has diffuse soreness to percussion throughout the mid and lower thoracic spine. Passive abduction causes pain and her deep tendon reflexes are +2/4 in the upper extremity. She got some slowing in the left hand but there is no overt dysmetria finger-nose-finger however she's hesitant in her movements. No dysdiadochokinesia She has pain cervical range of motion in all planes no better with traction. We will send for her imaging studies and test her balance.